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PTO/SB/81 (01-06)

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| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | 10/081,820 | | | |
| | Filing Date | February 19, 2002 | | | |
| | First Named Inventor | Todd K. Whitehurst | | | |
| | Title | Fully Implantable Miniature Neuro- | | | |
| | Art Unit | 3766 | | | |
| | Examiner Name | BOCKELMAN, Mark | | | |
| | Attorney Docket Number | AB-116U | | | |
| | | | | | |

| I hereby revoke a | ll previo | us powers of attorney giv | en in the ab | ove-ide | ntified applica | ation. | | |
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| Applicant/inventor. | | | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | | |
| Signature | T | 747.21 | | | | Date | March 6, 2007 | |
| Name | Bryant | Gold | | | | Telephone | 661-362-1771 | |
| Title and Company Vice President & Chief Intellects of Property Counsel, Advanced Blanks Corporation | | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | | |
| "Total of forms are submitted. | | | | | | | | |

This collection of Information is required by 37 CFR 1.31, 1.32 and 1.33. The Information is required to obtain or ratain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.D. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PAGE 23/23

PTO/SB/96 (09-08)

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| STATEMENT UNDER 37 CFR 3.73(b) | | | | | | |
|--|---|--|--|--|--|--|
| Applicant/Patent Owner: Advanced Bionics Corporation | | | | | | |
| Application No./Patent No.: 10/081,820 Filed/Issue Date: February 19, 2002 | | | | | | |
| Entitled: Fully Implantable Miniature Neuro-Stimulator for Vagus Nerve Stimulation | | | | | | |
| | | | | | | |
| Advanced Bionics Corporation , a Corporation (Name of Assignee) (Type of Assignee, e.g., corporation, partner | ership, university, government agency, etc.) | | | | | |
| states that it is: 1. It is the assignee of the entire right, title, and interest; or | | | | | | |
| an assignee of less than the entire right, title and interest (The extent (by percentage) of its ownership interest is%) | | | | | | |
| in the patent application/patent identified above by virtue of either: | | | | | | |
| A An assignment from the inventor(s) of the patent application/patent identified above. in the United States Patent and Trademark Office at Reel <u>012921</u> , Frame <u>075</u> thereof is attached. | The assignment was recorded 99, or for which a copy | | | | | |
| OR B. A chain of title from the inventor(s), of the patent application/patent identified above, to | to the current assignee as follows: | | | | | |
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| 3. From: | | | | | | |
| The document was recorded in the United States Patent and Trademark Office at Reet, Frame, or for which a copy thereof is attached. | | | | | | |
| Additional documents in the chain of title are listed on a supplemental sheet. | | | | | | |
| As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title fro assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11. | | | | | | |
| [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) mus Division in accordance with 37 CFR Part 3, to record the assignment in the record 302.08] | | | | | | |
| The undersigned (whose tide is supplied below) is authorized to act on behalf of the assign | ee. | | | | | |
| Lind Jand | March 6, 2007 | | | | | |
| Signature | Date | | | | | |
| Travis K. Laird | 801-572-0185 | | | | | |
| Printed or Typed Name | Telephone Number | | | | | |
| Attomey for Applicant Title | | | | | | |

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